Effective Date (original issue)	February 1, 2016
Revision Date (most recent)	February 1, 2016
Subject Matter Expert	Keeley Morris, MPH Emerging and Acute Infectious Disease Branch Epidemiologist
Signed by	Keeley Morris

## Monitoring of Persons with Potential Exposure to Avian Influenza (AI) Checklist

Please note all email communications should be sent to Central office at <a href="mailto:EAIDBMonitoring@dshs.texas.gov">EAIDBMonitoring@dshs.texas.gov</a> AND to the appropriate Regional office contacts for your jurisdiction.

#### **Initial Phone Call**

Detern	nine if the individual is currently in Texas.	
0	If yes, obtain exact address in Texas:	_
0	If no, determine the exact address where the t plans to come to Texas eventually find out whe will arrive and report to DSHS.	•
		- - -
Confirr	m contact information.	
0		Okay to text? Yes No
0	Secondary contact phone number:	
0	Emergency contact phone number:	
0		
0	Secondary/emergency contact email address:	
Verify	exposure dates.	
0	Date last exposed to poultry?	
0	Date last involved with USDA/APHIS response?	
0	Date arrived/arriving in Texas?	
	the individual of the monitoring process in Texa el has been established.	s and that you will follow up once their
days at	e them with their date of completion of monitor fter their last exposure to any avian influenza resumonitoring is conducted <b>through the end</b> of day	sponse activity of any kind. This date is

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Establish best contact method and time.	
o Best contact method:	_
o Best contact time:	_
Confirm that the individual was provided demobilization instructions including symptoms to	
watch for.	
<ul> <li>If the individual did not receive instructions determine the best email with which to provide them.</li> </ul>	
	-
Ask if the individual is currently experiencing any of the following symptoms (if yes additional	
follow-up required):	
<ul> <li>Fever or feeling feverish (chills)</li> </ul>	
<ul> <li>Cough</li> </ul>	
<ul> <li>Runny or stuffy nose</li> </ul>	
<ul> <li>Eye tearing, redness, irritation</li> </ul>	
<ul> <li>Sneezing</li> </ul>	
<ul> <li>Sore throat</li> </ul>	
<ul> <li>Difficulty Breathing</li> </ul>	
<ul> <li>Shortness of Breath</li> </ul>	
o Fatigue	
<ul> <li>Muscle or body aches</li> </ul>	
o Headaches -	
o Nausea	
<ul> <li>Vomiting</li> </ul>	
o Diarrhea	
o Seizures	
o Rash	
Ask if the individual has any plans to travel in the next two weeks (if yes complete travel form)	
and send form to <a href="mailto:EAIDBMonitoring@dshs.texas.gov">EAIDBMonitoring@dshs.texas.gov</a> immediately.	
Provide the individual with LHD contact information and 24/7 emergency contact information	in
case they develop symptoms.	
Inform the individual that you will contact them again via phone, text message, or email daily	
unless less frequent contact is deemed appropriate.	
Thank the individual for their time.	

\*Send email notification to <a href="mailto:EAIDBMonitoring@dshs.texas.gov">EAIDBMonitoring@dshs.texas.gov</a> to confirm contact with the PUM. Include:

- CDC ID
- Date of last risk exposure (for calculation of 10-day monitoring period)
- End date of monitoring
- If the PUM reported any information that might change their risk status, include details.

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#### For routine PUM monitoring calls

	Confirm the PUM is still in your jurisdiction. If not collect jurisdiction information on the "Al
	Responder Notification of Travel" form and send to <a href="mailto:EAIDBMonitoring@dshs.texas.gov">EAIDBMonitoring@dshs.texas.gov</a>
	immediately.
	Ask if the PUM is experiencing any signs of symptoms of influenza-like illness (Review
	symptoms). If yes, additional follow up is required.
•	Ask if they have any upcoming travel plans within the state of Texas or out of the state of Texas.
	If yes, complete "AI Responder Notification of Travel" form and send to
	EAIDBMonitoring@dshs.texas.gov immediately.
	Thank the PUM and confirm follow up method and time for the next schedule monitoring day.

### For final monitoring call (closeout)

☐ Complete daily monitoring log.

Ask if the PUM is experiencing any signs of symptoms of influenza-like illness. Review symptoms
if needed. If yes, additional follow up is required.
Inform the PUM that this is their final day of monitoring and that no additional contact will be
required.
Thank the PUM for their time and provide them with LHD contact information should they have
any follow-up questions.
Complete the daily monitoring log electronically and email to DSHS within 48-hours.

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# **Special Situations:**

For PUMs Reporting :	Symptoms	obtain the	following	information:
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 $\underline{\sf EAIDBMonitoring@dshs.texas.gov}\ immediately.$ 

0	If yes, describe treatment
Is there	anyone else living in the household or spending significant amounts of time in the
	nold?
0	If yes, do any other members of the house currently have symptoms?
0	If yes, who has symptoms and when did they begin?
	ndividual does not need immediate medical care instruct them to self-isolate while up and/or testing is arranged.
	ndividual <u>does</u> need medical care, coordinate with local health care facilities and/odded. In an emergency, PUM should report to a healthcare facility without delay.
Ms rep	orting travel obtain the following information:
Upcom	ning travel destination (Street address, city, state)
	<del></del>